

P020000091827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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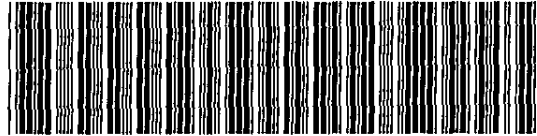
(Business Entity Name)

(Document Number)

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*Resignation of
Officer*

10/18/04--01002--013 **35.00

FILED
OCT 15 PM 4:28
TALLAHASSEE, FLORIDA

FILED
OCT 15 PM 4:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AR
10/15/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADI of Tallahassee, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P02000091827

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Usman Ali

(Name of Person)

ADI of Tallahassee, Inc.

(Name of Firm/Company)

4533 Highgrove Road

(Address)

Tallahassee, FL 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

Usman Ali at (850) 339 2783

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Usman Ali, hereby resign as Vice President

of ADI of Tallahassee, Inc.

(Name of Corporation)

P02000091827

(Document Number, if known)

a corporation organized under the laws of the State



(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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